

Utah State Council  
on Health and Physical Activity

1998 Worksite Health Promotion Survey

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# Acknowledgments

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\* The “Utah Governor’s Council on Health and Physical Fitness” name was changed to the “Utah State Council on

# Executive Summary

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The 1998 Worksite Health Promotion Survey, conducted by the Utah State Council on Health and Physical Activity, sought to determine the nature and extent of worksite health promotion programs in large Utah businesses as well as the perceived benefits and barriers to successfully implementing such programs. In addition, this survey attempted to measure the *Healthy People 2000* worksite health promotion goals for Utah and, lastly, to compare changes that have occurred in worksite health promotion in Utah since 1987.

## **Major Findings:**

Fifty-two percent of worksites with 50 or more employees conducted at least one health promotion activity. The most frequently cited activities were flu shots (77.2%), first aid/CPR (56.6%), worker health and safety (55.1%), and employee assistance programs (47.1%). The activity offered least was medical self-care (7.4%). Worksites with 250 or more employees, on average, offered the most health promotion activities. The most common methods of providing health promotion activities were information provided on-site (69.9%), group classes or workshops (62.5%), and individual counseling (41.2%). The most common policy among worksites with health promotion activities was safety and emergency procedures (86%), followed by smoking policies that comply with the Utah Indoor Clean Air Act (80.1%). Ninety percent of worksites with health promotion programs offered activities to all employees. Just over 25% of worksites provided services to spouses, and almost 20% involved dependent children.

The top reasons for providing health promotion programs were concern for employee well-being (71%); to increase productivity (46.4%); and to decrease health care costs (40%). In contrast to these perceived benefits, worksites that did not offer health promotion programs reported barriers such as lack of staff to administer the program (34.1%); not having considered the idea (31.8%); and lack of facilities (30.1%).

According to the 1998 Survey, Utah lags behind *Healthy People 2000* (USDHHS, 1990) worksite health promotion goals in the areas of physical activity, nutrition and weight management, stress reduction efforts, seat belt policies, worker health and safety programs, back care programs, high blood pressure and cholesterol activities, and health promotion activities in general. Among worksites with health promotion programs, Utah exceeds *Healthy People 2000* goals for formal smoking policies and alcohol and drug policies.

In 1987 the Utah Department of Health conducted a worksite health promotion survey (UDOH, 1987). The 1998 Survey showed that changes occurred between 1987 and 1998. There was a significant increase in the number of companies that offer health promotion activities. The three most important reasons for offering health promotion

programs remained the same: concern for employee well-being; to increase employee productivity; and to decrease health care costs. The top three barriers to implementing health promotion programs -- lack of staff to administer, lack facilities, and have not considered -- remained the same in 1998, but with “have not considered” as the number two reason and “lack of facilities” as the third. There was a significant decrease in the number of companies that intend to implement health promotion programs at some point in the future.

### **Implications for the future of worksite health promotion in Utah:**

The future of worksite health promotion programs in Utah shows great promise, with employee well-being, increased productivity, and decreased health care costs as the top three reasons for offering programs.

The top three “barriers” to implementing worksite health promotion programs as found in the 1998 survey were “lack of staff to administer”; “have not considered”; and “lack

Worksites in Utah without programs easily could be provided with the resources and information necessary to overcome barriers. A variety of local and national resources exist to advance this effort. Professionals trained in the health education/exercise science fields could provide worksites with appropriate expertise.

# 1998 Worksite Health Promotion Survey

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## Introduction

The purpose of the 1998 Worksite Health Promotion Survey was to determine the nature and extent of health promotion programs in large Utah worksites as well as the perceived benefits and barriers to successfully implementing such programs. The Utah State Council on Health and Physical Activity (USCHPA) will use this information to determine its impact and to better assist worksites in developing health promotion programs.

In order for the USCHPA to better target its efforts, data was needed about the current level and characteristics of worksite health promotion in Utah. Comparing 1998 survey findings with a similar survey conducted in 1987 (UDOH, 1987), the USCHAP identified the changes that have occurred among Utah businesses during the last decade.

The study also provided Utah data to track relevant *Healthy People 2000* objectives (DHHS, 1990). *Healthy People 2000* sets forth national objectives for worksite health promotion. No tracking data was available for Utah; the findings of this study provide an indication of Utah's progress.

## Methods

### *Design*

A cross-sectional survey of large Utah businesses was conducted using a written questionnaire (Appendix A). The questionnaire was developed for this study and consisted of the following sections: presence of health activities, type of activities, characteristics and structure of health promotion programs, benefits of activities, barriers to activities, plans to start up or expand programs, and demographics. Existing worksite health promotion surveys were reviewed (Hollander & Lengermann, 1988; Soderquist, 1993; UDOH, 1987; USDHHS, 1987) and a rough draft questionnaire was developed. Four professional health educators reviewed the draft questionnaire for content-related validity and format. As each question in the survey was an independent probe, internal reliability was not applicable. Test-retest reliability was not feasible for the target population. A statistician reviewed the questionnaire to determine its appropriateness for coding and data analysis. The expert feedback was reviewed and the questionnaire was revised. The health educators again reviewed the draft questionnaire and additional revisions were made. The questionnaire was pre-tested by four human resource professionals because it was anticipated that human resource professionals were the individuals most likely to complete the surveys for selected companies. Those human resource professionals were asked to evaluate whether the questions and skip patterns were clear and to determine the time required for completion. They did not indicate that any corrections were needed.

Selected companies were mailed a survey with a cover letter signed by Utah's governor (Appendix B). The surveys were coded for tracking purposes. A pre-addressed, stamped envelope was included to facilitate a high response rate.

Additionally, respondents could request a summary of the survey, information on health promotion activities, and/or information about the USCHPA worksite health promotion award program. Three weeks after the first mailing all companies included in the sample were sent a reminder postcard (Appendix C). Two weeks following the sending of the postcard, companies that had not returned their surveys were sent another copy of the survey with a cover letter signed by the Executive Director of the USCHPA (Appendix D). The cover letter offered incentives to return the survey. The first fifty companies to return their surveys were entered in a drawing to receive worksite health promotion materials valued at approximately \$50. Eight companies were drawn. Six weeks later, companies that still had not returned their surveys were sent another letter signed by the Executive Director of the USCHPA encouraging them to return the survey and explaining positive reasons why the information was needed (Appendix E).

## **Sample**

The target population for this study was all worksites in the private sector in Utah with fifty or more employees. The sample consisted of 501 private Utah businesses. The sample was obtained through randomized stratification of businesses listed in the Directory of Business and Industry, a comprehensive listing of private Utah businesses published by the Utah Department of Community and Economic Development. The sample was stratified according to size of company with the following breakdown:

50-99	286
100-249	158
250-499	37
500-749	11
750-2500+	9
Total	501

Twenty-one companies did not receive the survey due to incorrect addresses, despite attempts to locate a correct address for each survey returned which had been returned as undeliverable. One company advised that participating was against its policy. Thus, 479 companies actually comprised the sample. Of those, 298 surveys were returned; however, 37 companies had fewer than 50 employees and therefore were ineligible to participate in the survey. 261 usable surveys were returned. The return rate was 54.5%.



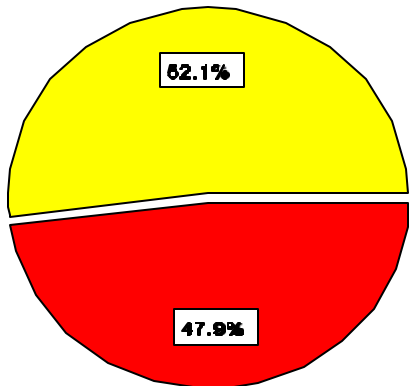
# 1998 Survey Results

**Question 1. Does your company currently offer health promotion activities to employees?**

## Health Promotion Activities

**at the Workplace**

**Have Health Promotion Activities**



**Do Not Have Health Promotion Activities**

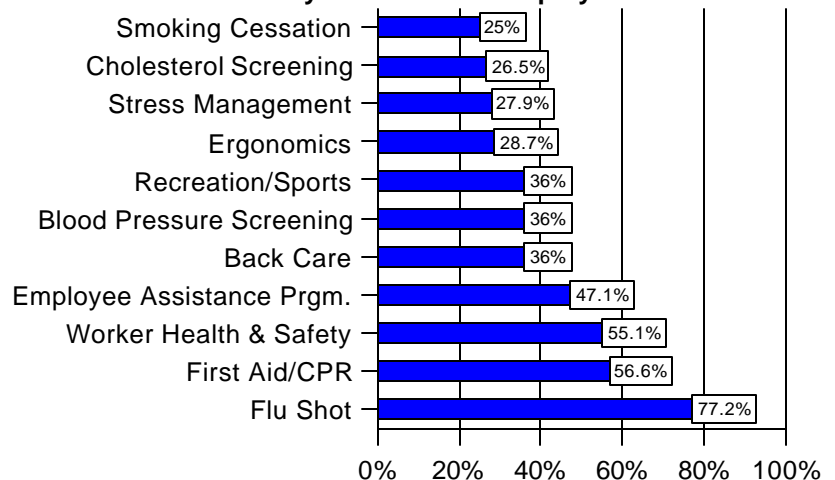
Of 261 companies that responded, 136 (52.1%) offered health promotion activities to their employees.

**Question 2. In the last twelve months, which of the following health promotion activities has your company offered to employees (check all that apply)?**

The most frequently offered health promotion activity (N=136) was flu shots, provided by 77.2% of worksites with health promotion activities. First aid/CPR was offered by 56.6% of worksites with programs, and worker health and safety was offered by 55.1%. 47.1% offered an employee assistance program. The health promotion activity offered least was medical self-care (7.4%).

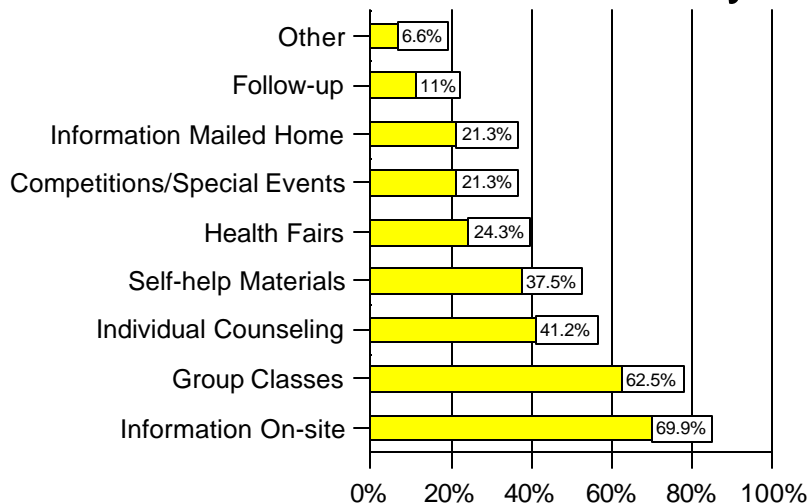
## Activities Offered by Employers

**Offered by 25% or more Employers**



**Question 3. How are health promotion activities offered to your employees (check all that apply)?**

## Methods of Service Delivery

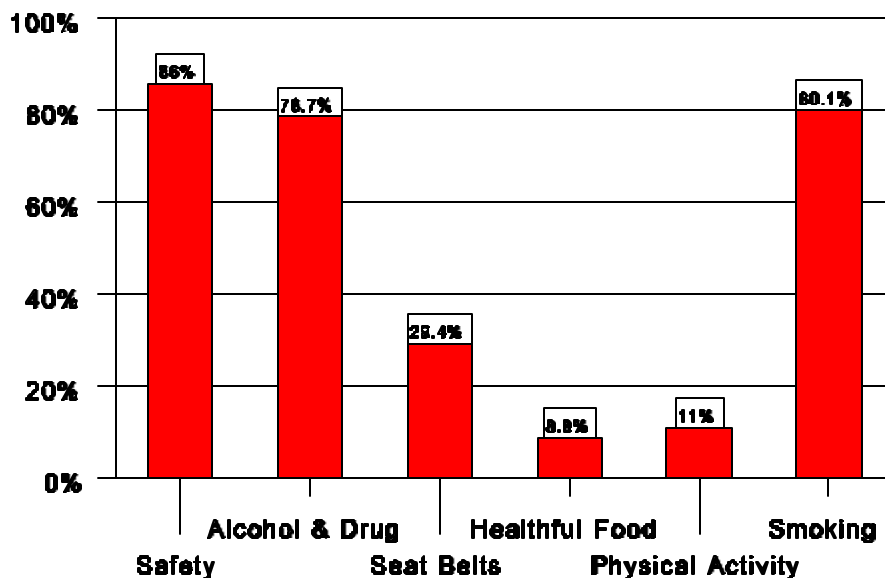


The most common ways in which health promotion activities were offered to employees were: information provided on-site (69.9%), group classes or workshops (62.5%), and individual counseling (41.2%). N=136

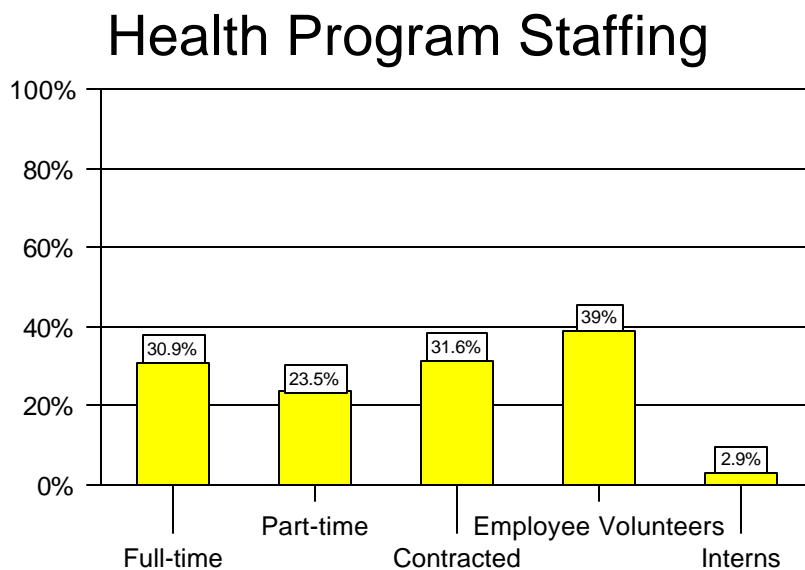
**Question 4. Which of the following do you have written policies for (check all that apply)?**

## Health Promotion Policies

The most common policy among worksite health promotion programs was safety and emergency procedures (86%), followed by smoking policies which comply with the Utah Indoor Clean Air Act (80.1%). N=136



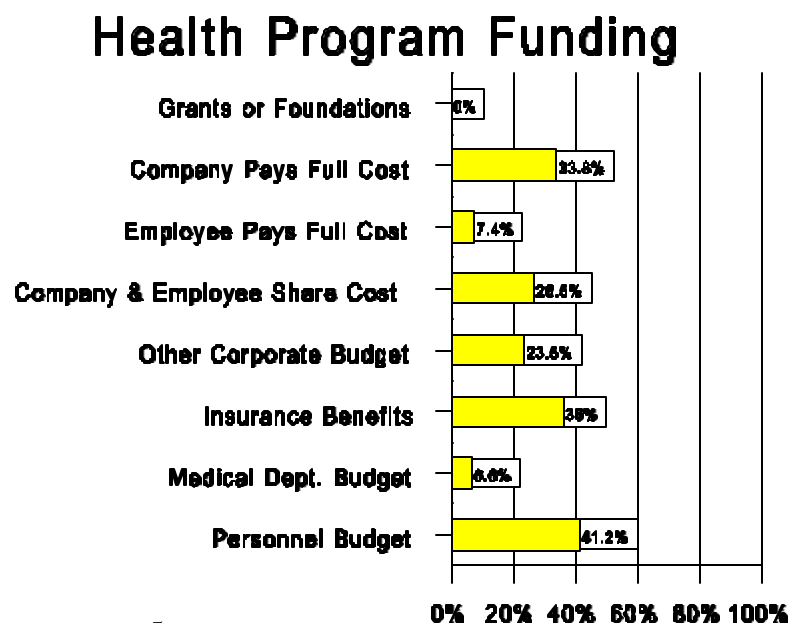
**Question 5. Please indicate how your health promotion program is staffed (check all that apply)?**



Employee volunteers were the most popular method of staffing health promotion programs and full-time staff were used in about one-third of companies. Student interns were utilized in only about 3% of companies. N=136

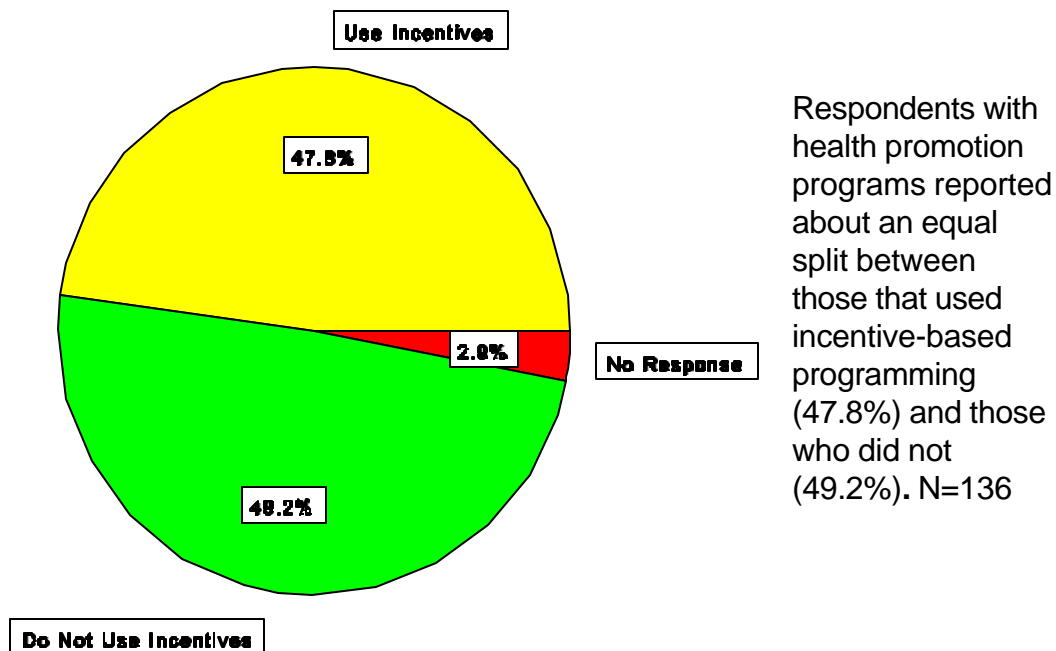
**Question 6. How are your health promotion activities funded (check all that apply)?**

Health promotion activities were funded largely through personnel budgets (41.2%) and insurance companies (36%). Few programs required employees to pay full cost for wellness services (7.4%). About one-quarter of respondents indicated that the company and employee share the cost, and about one-third of respondents said the company pays the full cost. N=136



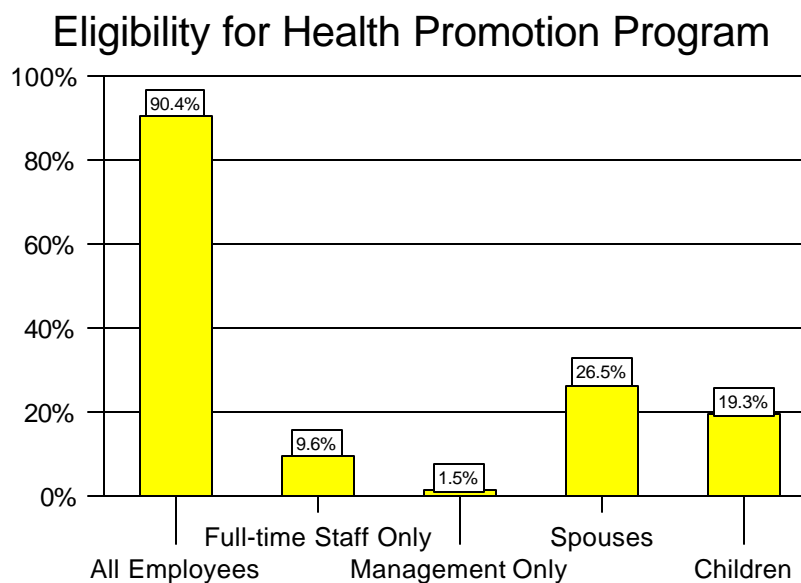
Question 7. Do you have incentive-based programming (e.g., t-shirts, water bottles, cash for behavior changes, insurance rebates)?

## Incentive-based Programming



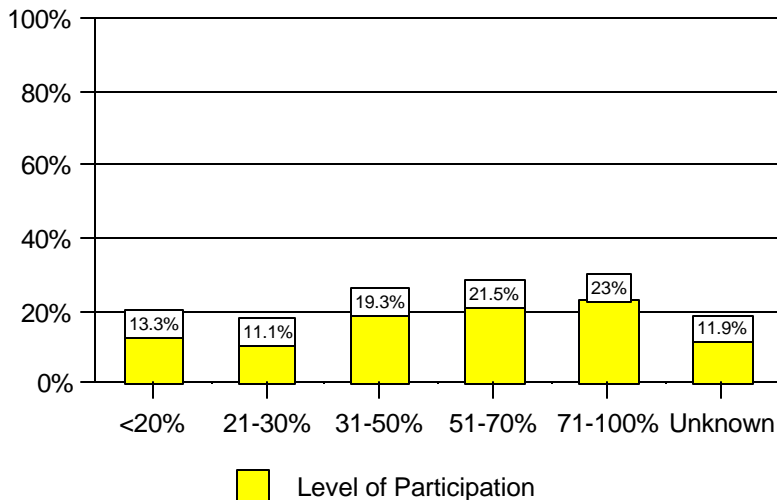
Question 8. To whom are your health promotion activities offered (check all that apply)?

The majority of companies (90.4%) with health promotion programs made such activities available to all employees. Just over 25% of companies provided services to spouses, and almost 20% involved dependent children. N=136



**Question 9. In a year's time, what percentage of your employees participate in at least one of your health promotion activities?**

## Participation Rates

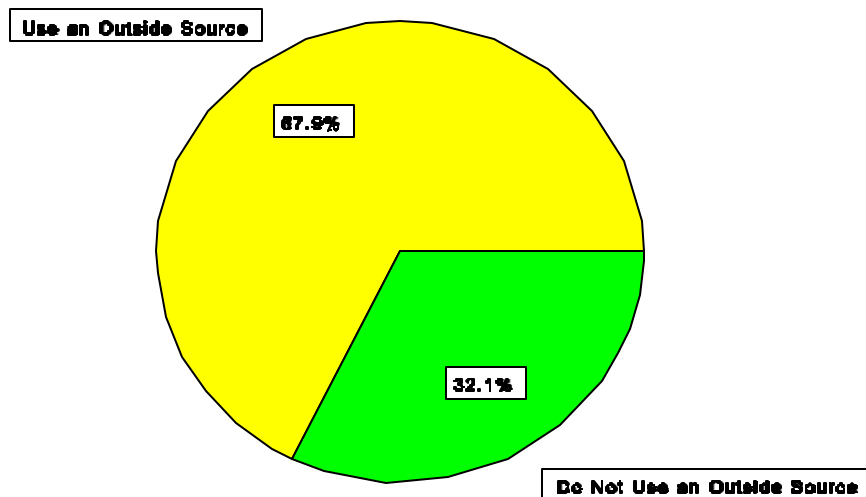


Although 13.3% of companies with health promotion programs reported participation of 20% or less, 23% of companies reported that nearly all their employees (71-100%) participate in the program.

**Questions 10-11. Are any health promotion activities provided by an outside source? What type of source provides services (check all that apply)?**

## Use of Outside Providers

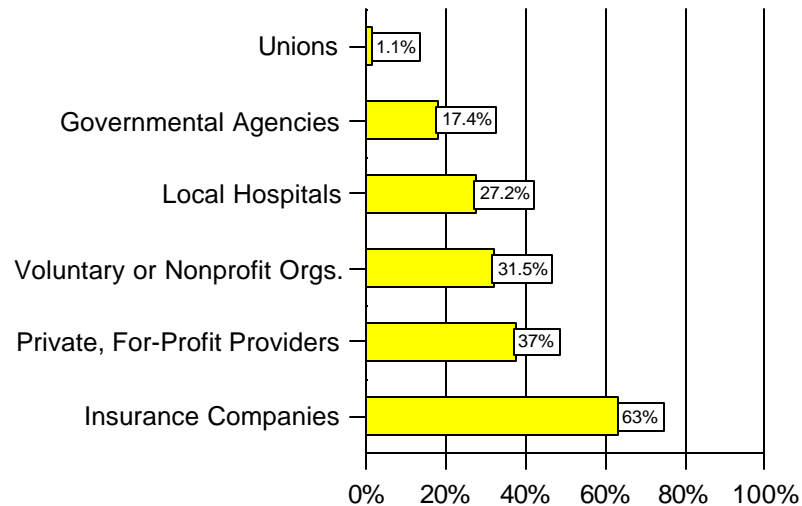
Two-thirds(67.9%) of companies which have health promotion programs used an outside source to provide health promotion activities.  
N=136



## What type of source provides services?

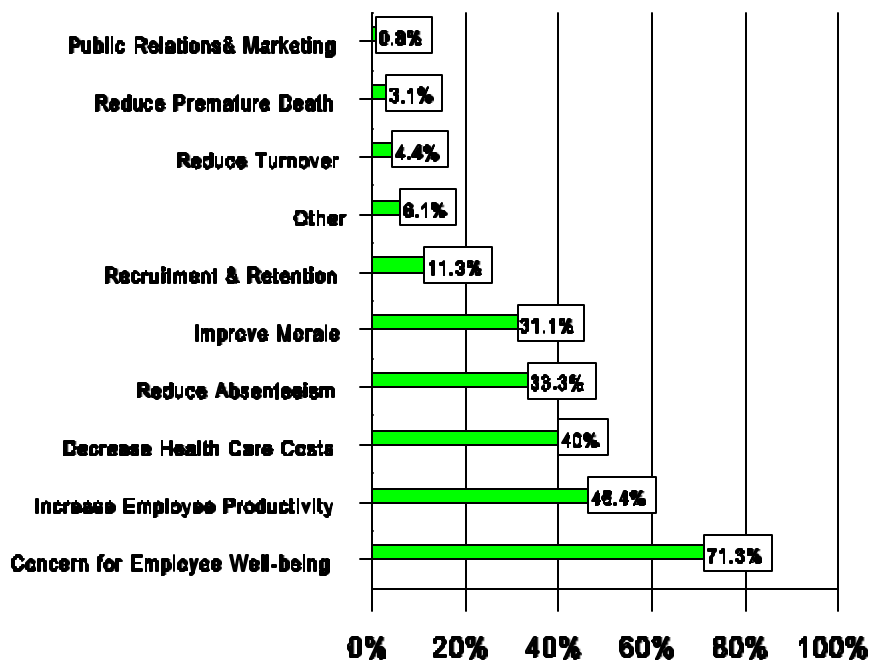
Main providers included insurance companies (63%); private, for-profit providers and consultants (37%); and voluntary or nonprofit organizations (31.5%).  
N=92

## Health Promotion Providers



**Question 12. What are the three most important reasons why you offer health promotion activities (rank 1, 2, and 3, with 1 being most important)?**

## Benefits of Health Promotion Activities



71% of companies with health promotion programs listed concern for employee well-being as their 1st, 2nd, or 3rd most important reason for offering activities. Just under half (46.4%) offer such programs to increase productivity, and 40% provide such activities to decrease health care costs. Written responses (6.1%) indicated the activities were offered primarily to adhere to OSHA regulations or because they were provided free by an insurance carrier.  
N=135

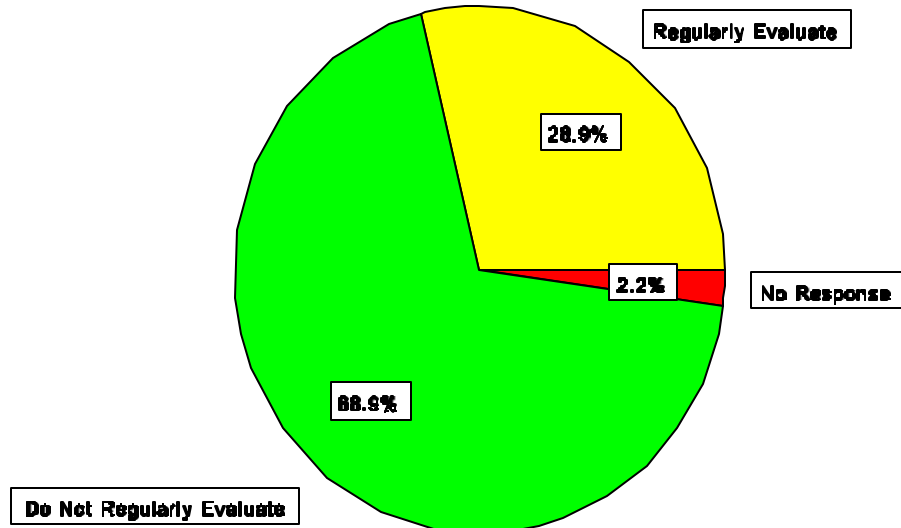
Questions 13-14. Do you regularly evaluate the effectiveness of the worksite health promotion program? If yes, would you be willing to share that data?

## Evaluation of Health Program

The majority of companies (68.9%) did not evaluate their health promotion programs regularly. Of the 28.9% of companies that do, most would be willing to share such data.

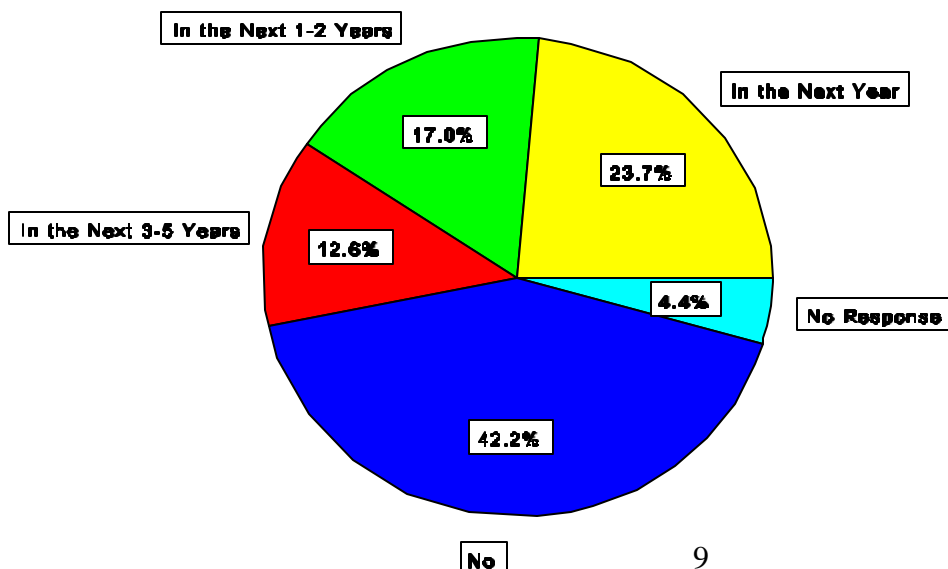
Q. 13 N=135

Q. 14 N=42



Question 15. Do you have plans to expand the health promotion activities which you offer your employees?

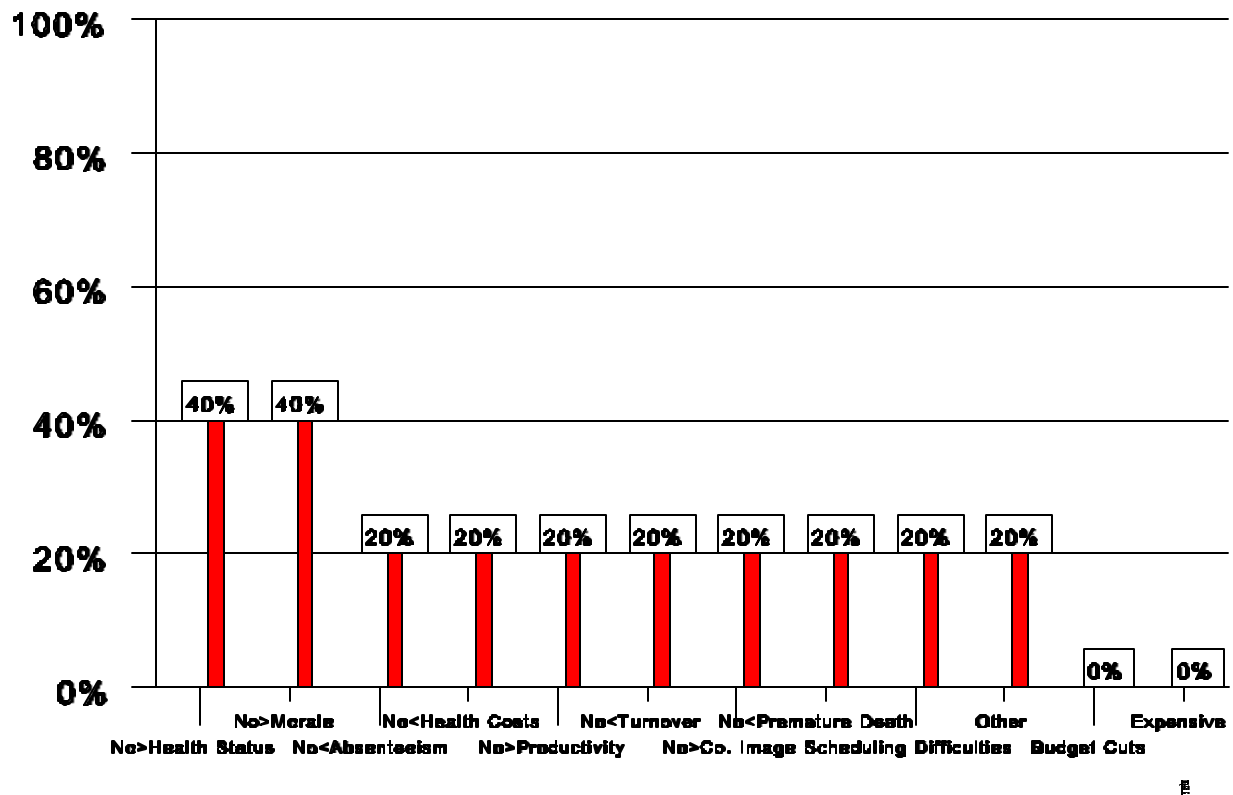
## Expansion Plans



Half (53.3%) of the companies with health promotion programs planned to expand them in the next one to five years. N=135

Question 16 and 17. Has your company offered health promotion activities in the last five years? Why did you discontinue the program (check all that apply)?

## Reasons for Program Discontinuation



Four percent of companies offered programs in the last five years but discontinued them because health care costs did not decrease (40%) and morale did not increase (40%).

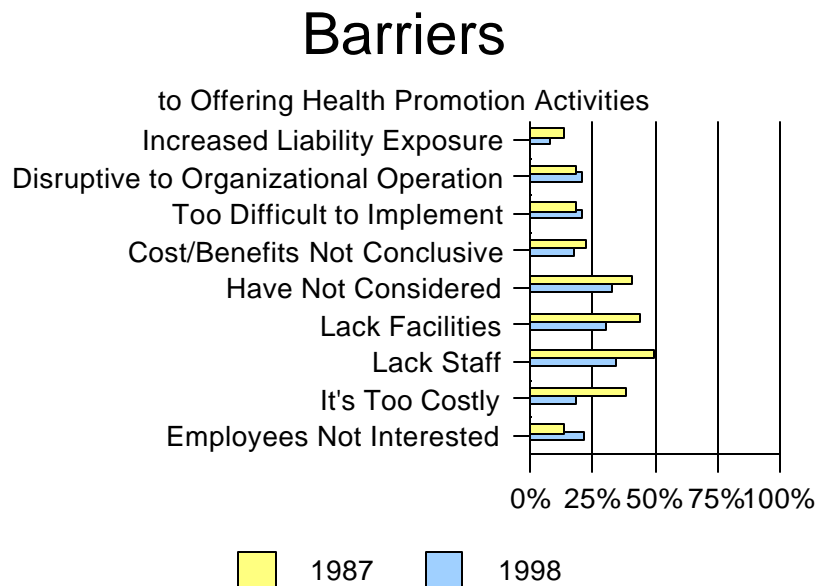
Q. 16 N=5

Q. 17 N=5



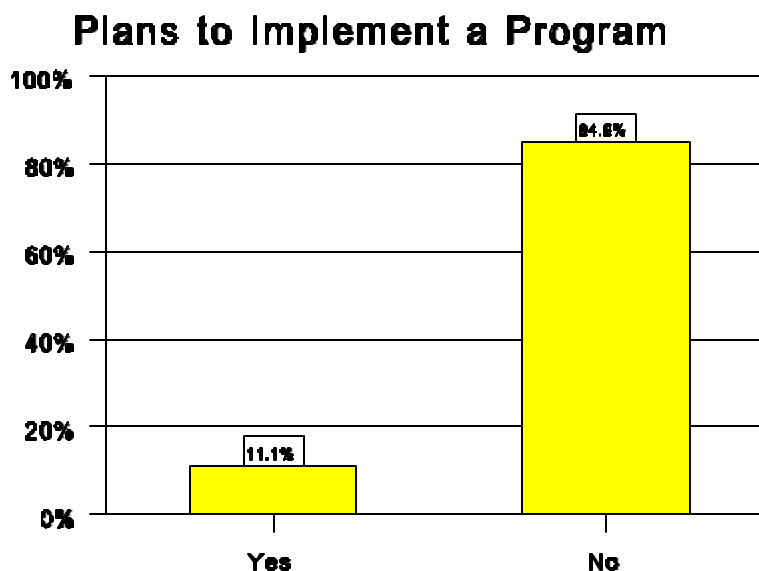
**Question 18. What are the three most important reasons your company has not offered health promotion activities to your employees (rank 1, 2, and 3, with 1 being most important)?**

The top three barriers to implementing health promotion programs included lack of staff to administer the program (34.1%), companies had not considered the idea (31.8%), and/or lacked facilities (30.1%). Other written responses (9.6%) included a high population of temporary or seasonal employees. N=126

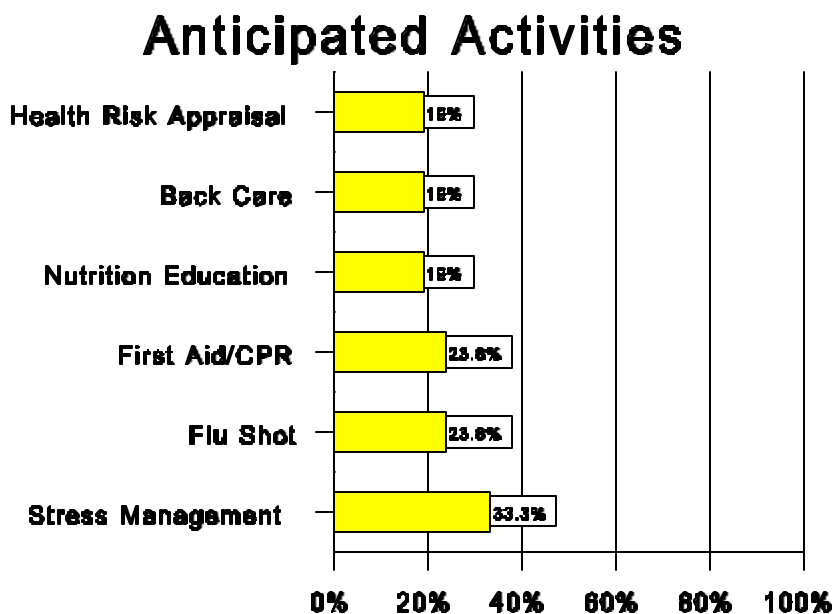


**Question 19. Does your company intend to implement health promotion activities in the future?**

Of the 126 companies that did not offer health promotion activities, 11.1% planned to implement such activities in the future, while 84.9% had no plans to implement a program. N=126

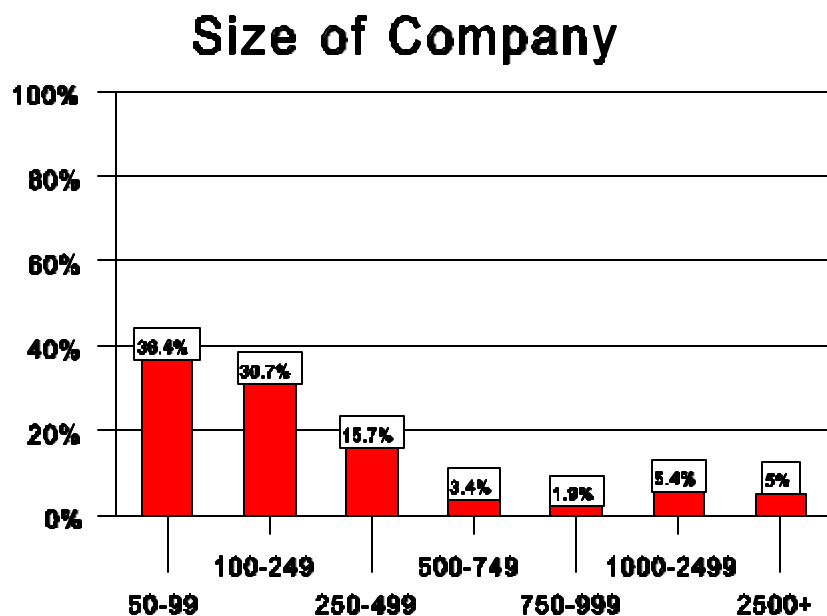


Question 20. What activities do you anticipate offering (check all that apply)?

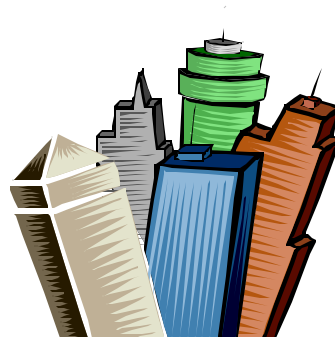


Of the companies that intended to implement health promotion activities in the future, one-third anticipated offering stress management, and nearly one-quarter anticipated offering flu shots and first aid/CPR. Health risk appraisals, back injury prevention and rehabilitation, and nutrition education were anticipated activities for 20% of respondents. N=21

Question 21. What is the total number of employees working for your company in the state of Utah

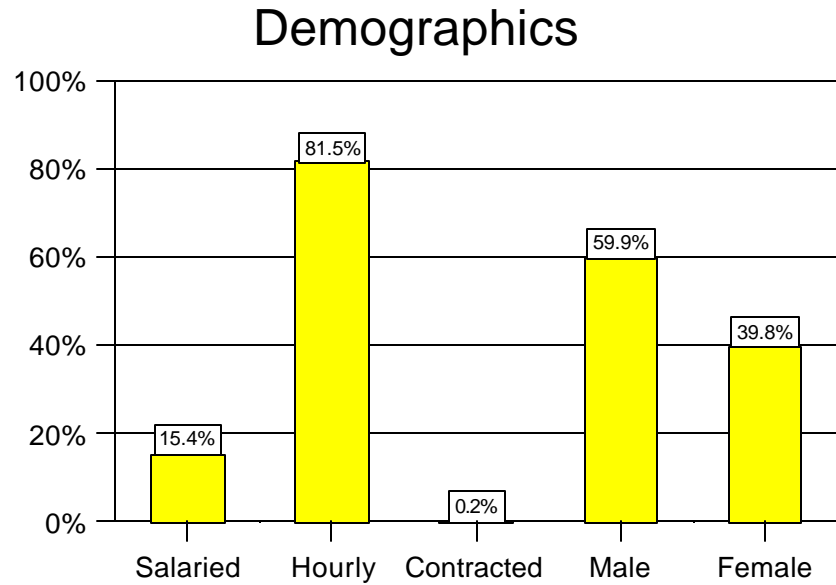


The majority of Utah workers (67.1%) were employed by companies with 50-249 employees. Very large businesses (500+ employees) employed only 16% of Utah's workforce. N=261



**Question 22. Approximately what percentage of the above employees are: male, female, salaried, hourly, and contracted.**

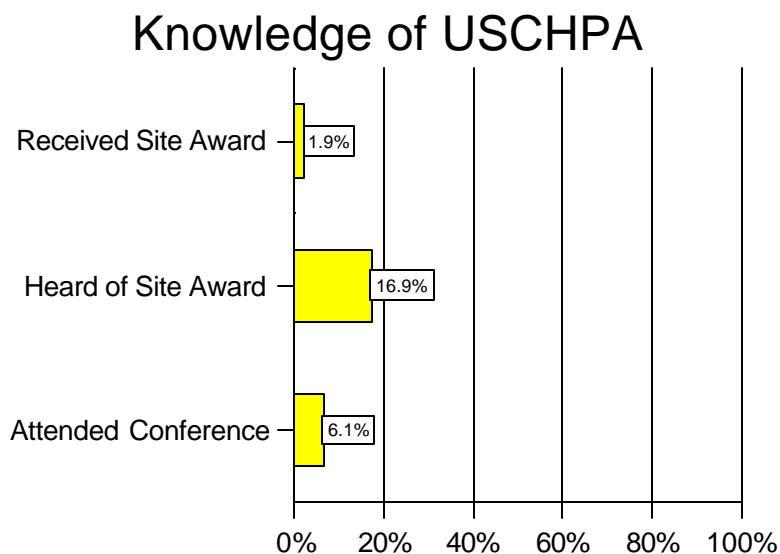
Among all worksites surveyed, nearly 60% of employees were male, and nearly 40% were female. The majority (81.5%) of workers were paid an hourly wage; very few (.2%) were contracted workers. N=261



**Questions 23-25. Has a representative from your company attended the annual worksite health promotion conference sponsored by the Utah Governor’s Council on Health and Physical Fitness\*? Have you heard about the Worksite Health Promotion Award program offered by the Utah Governor’s Council on Health and Physical Fitness? Has your company ever received the Worksite Health Promotion Award offered by the Utah Governor's Council on Health and Physical Fitness?**

Only 6% of respondents had attended the Utah Governor's Council on Health and Physical Fitness annual worksite health promotion conference. 17% had heard of the site award, and 2% had received the award.

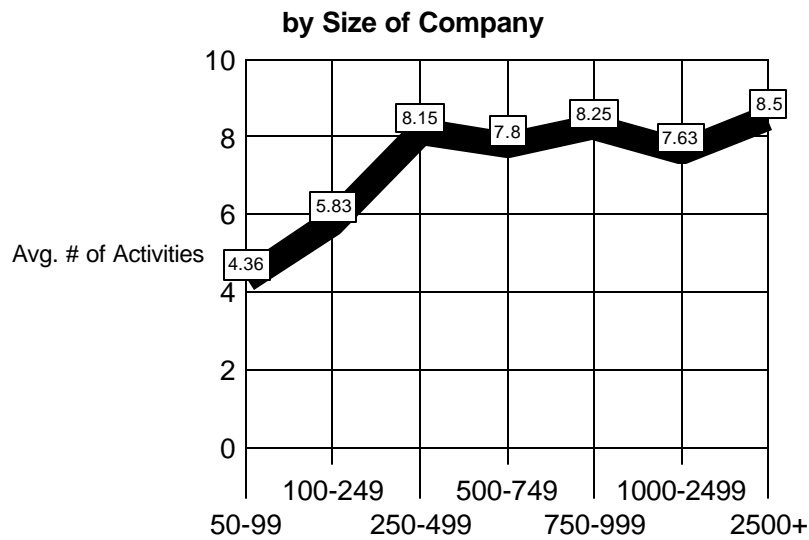
Q. 23-25 N=261




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\* The “Utah Governor’s Council on Health and Physical Fitness” name was changed to the “Utah State Council on

# Health Promotion Activities



Companies with 50-99 employees had an average of four health promotion activities, and companies with 100-249 employees had an average of nearly six activities. Companies with 250 or more employees all had an average of eight activities. There was a significant difference in the number of health promotion activities offered according to size of the company.

# How Utah Compares with the Nation

## Healthy People 2000

*Healthy People 2000: National Health Promotion and Disease Prevention Objectives* (USDHHS, 1990) is a national strategy to improve the health of the nation. Specifically, its goals are to increase the span of healthy life for Americans, reduce health disparities among Americans, and achieve access to preventive services for all Americans. In order to reach these goals, measurable objectives for the year 2000 have been established in 22 priority areas.

Questions were asked in the 1998 Survey to determine how Utah compared with the national worksite health promotion objectives (provided verbatim in shaded boxes). Responses to the questions in this section were provided only by those companies that offer a health promotion program. Thus, the answers reflect progress of companies with worksite health promotion programs rather than the sample as a whole.

**Healthy People 2000 Objective 1.10:** Increase the proportion of worksites offering employer-sponsored physical activity and fitness programs as follows:

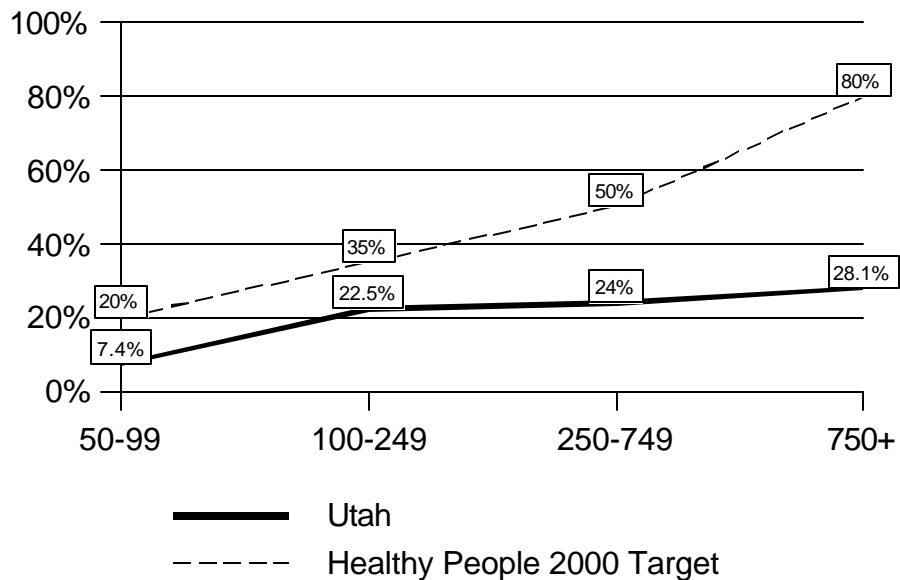
Worksite Size	1985 Baseline	2000 Target
50-99 employees	14%	20%
100-249 employees	23%	35%
250-749 employees	32%	50%
>750 employees	54%	80%

### Utah 1998:

# of Employees	On-site Fitness Facility	Fitness Subsidy	Either
50-99	3.2%	4.4%	<b>7.4%</b>
100-249	16%	12.7%	<b>22.5%</b>
250-749	14%	14%	<b>24%</b>
750+	33.3%	10.3%	<b>28.1%</b>

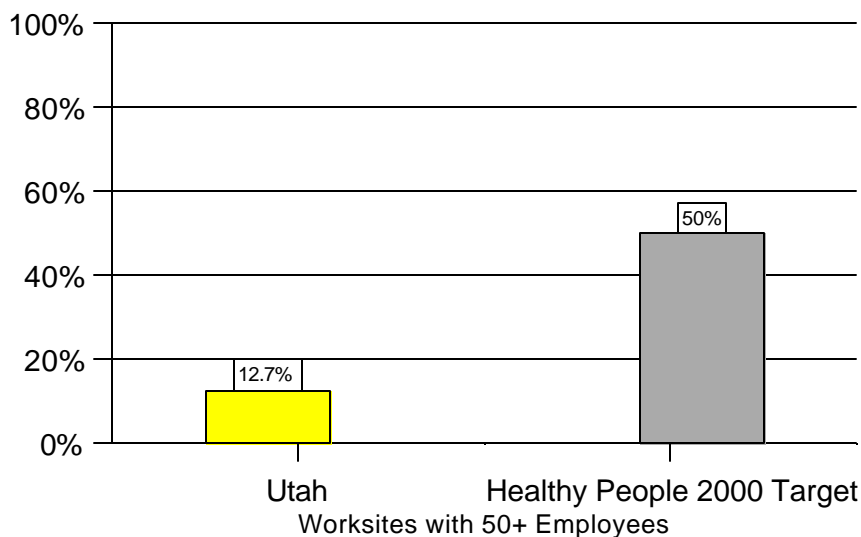
Among all sizes of companies, Utah was far below both the year 2000 targets and the national baseline established in 1985 for employer-sponsored physical activity and fitness programs. Worksite fitness activities occurred most frequently in larger companies.

## Employer-Sponsored Physical Activity



**Healthy People 2000 Objective 2.20:** Increase to at least 50 percent the proportion of worksites with 50 or more employees that offer nutrition education and/or weight management programs for employees. (Baseline: 17 percent offered nutrition education activities and 15 percent offered weight control activities in 1985)

## Nutrition and/or Weight Management

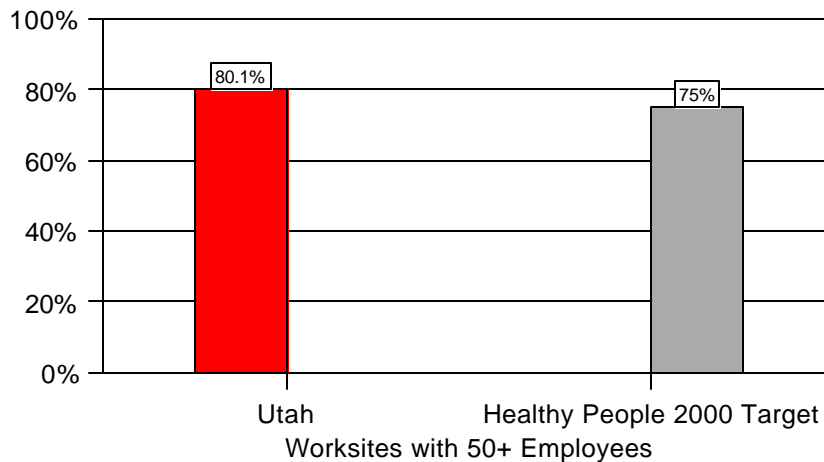


**Utah 1998:** 12.7% of companies offered nutrition education and/or weight management activities to employees. 10.3% of companies offered nutrition education, and 7.3% offered weight management activities.

**Healthy People 2000 Objective 3.11:** Increase to at least 75 percent the proportion of worksites with a formal smoking policy that prohibits or severely restricts smoking at the workplace. (Baseline: 27 percent of worksites with 50 or more employees in 1985; 54 percent of medium and large companies in 1987).

## Formal Smoking Policies

that Prohibit or Severely Restrict Smoking

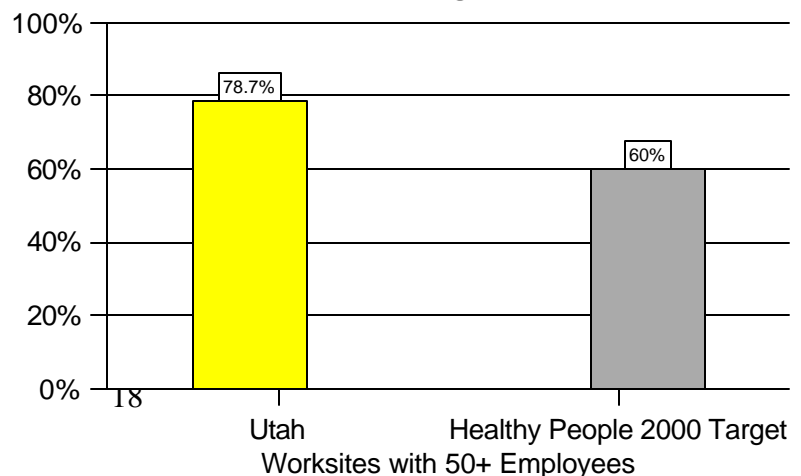


**Utah 1998:** Among companies with health promotion programs, Utah exceeded the Healthy People 2000 goal for smoking policies at the worksite by just over 5%.

**Healthy People 2000 Objective 4.14:** Extend adoption of alcohol and drug policies for the work environment to at least 60 percent of worksites with 50 or more employees. (Baseline data to be available)

## Alcohol & Drug Policies

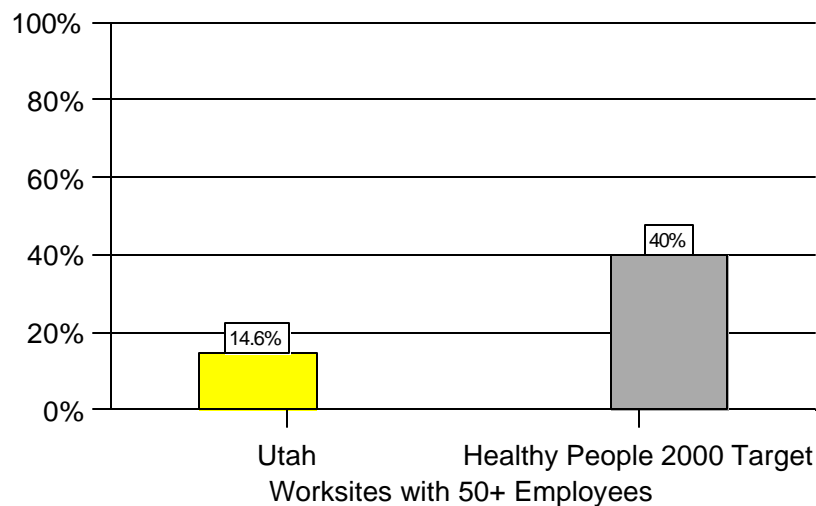
**Utah 1998:** Among companies with health promotion programs, Utah surpassed the national goal for worksites with alcohol and drug policies by almost 20%.





**Healthy People 2000 Objective 6.11:** Increase to at least 40 percent the proportion of worksites employing 50 or more people that provide programs to reduce employee stress. (Baseline: 26.6 percent in 1985)

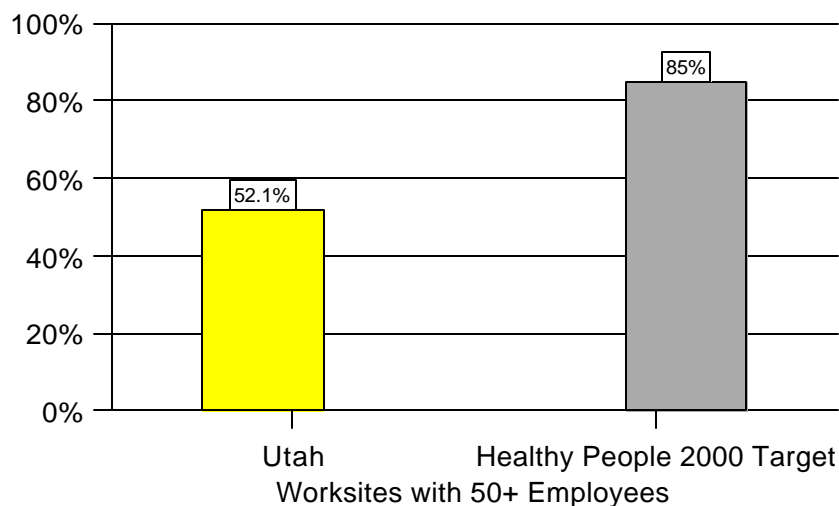
## Stress Reduction Efforts



**Utah 1998:** Utah lagged behind the national goal for worksites to provide stress reduction programs for their employees by about 25%.

**Healthy People 2000 Objective 8.6:** Increase to at least 85 percent the proportion of workplaces with 50 or more employees that offer health promotion activities for their employees, preferably as part of a comprehensive employee health promotion program. (Baseline: 65 percent of worksites with 50 or more employees offered at least one health promotion activity in 1985; 63 percent of medium and large companies had a wellness program in 1987.)

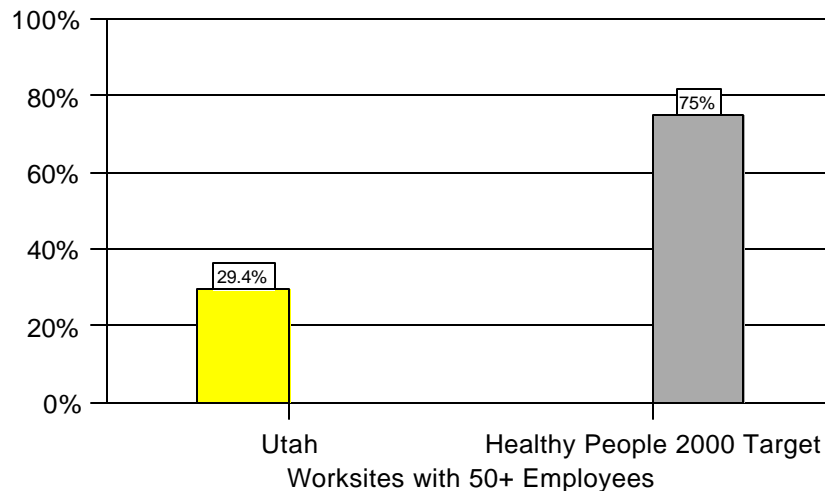
## Health Promotion Activities



**Utah 1998:** Just over half of Utah companies with 50 or more employees offered at least one health promotion activity to their employees. The national goal is 85%.

**Healthy People 2000 Objective 10.6:** Increase to at least 75 percent the proportion of worksites with 50 or more employees that mandate employee use of occupant protection systems, such as seat belts, during all work-related motor vehicle travel. (Baseline data to be available)

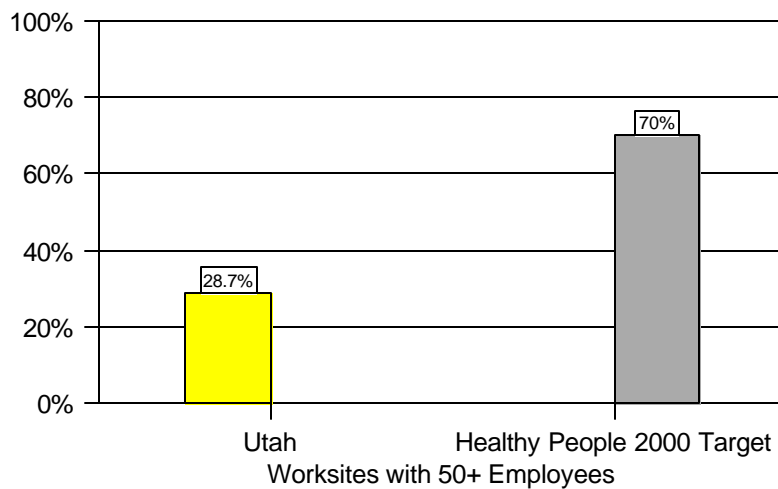
## Seat Belt Policies



**Utah 1998:** Only 29% of Utah companies with health promotion programs mandated employee use of occupant protection systems during work-related travel.

**Healthy People 2000 Objective 10.12:** Increase to at least 70 percent the proportion of worksites with 50 or more employees that have implemented programs on worker health and safety. (Baseline data available in 1991).

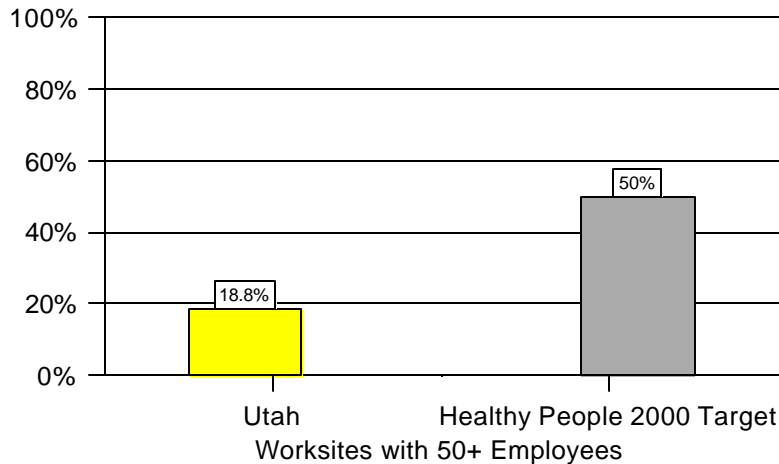
## Worker Health & Safety Programs



**Utah 1998:** At 29%, Utah companies were far below the national goal to have worker health and safety programs in place in at least 70% of worksites.

**Healthy People 2000 Objective 10:13:** Increase to at least 50 percent the proportion of worksites with 50 or more employees that offer back injury prevention and rehabilitation programs. (Baseline: 28.6 percent offered back care activities in 1985)

## Back Care Programs



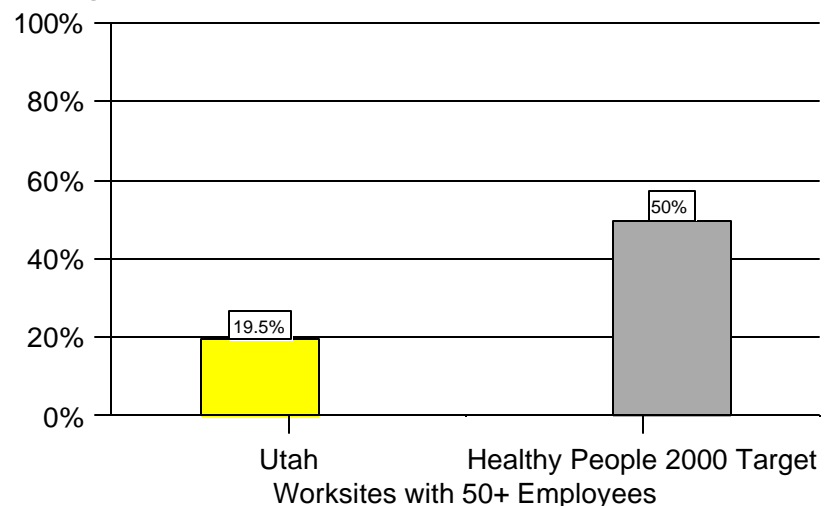
**Utah 1998:** Just under 20% of Utah companies provided back injury prevention and rehabilitation programs for their employees.

**Healthy People 2000 Objective 15:16:** Increase to at least 50 percent the proportion of worksites with 50 or more employees that offer high blood pressure and/or cholesterol education and control activities to their employees. (Baseline: 16.5 percent offered high blood pressure activities and 16.8 percent offered nutrition education activities in 1985)

### Utah 1998:

19.5% of Utah companies provided their employees with either a high blood pressure or cholesterol activity. 13.8% offered either cholesterol education or screening or both. 19.1% offered either blood pressure education or screening or both.

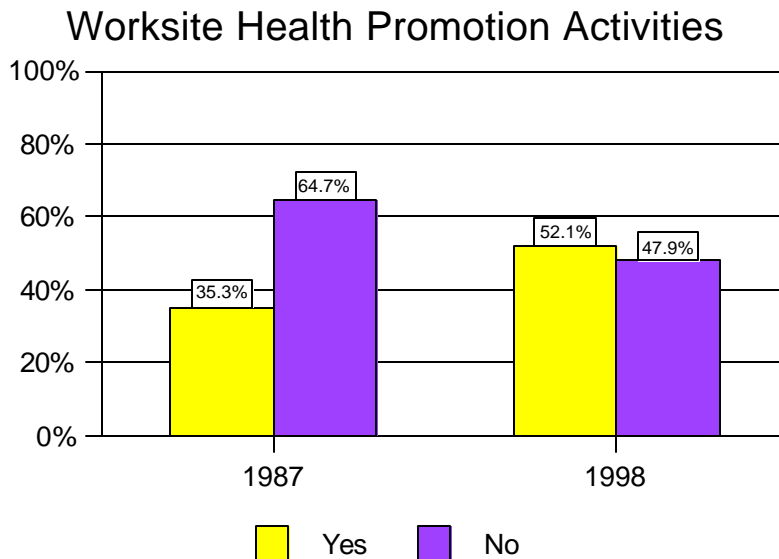
## High Blood Pressure and/or Cholesterol



# What Has Changed in the Last Decade

Certain questions from the 1998 survey were matched and compared to the 1987 worksite survey to determine what changes were occurring in worksite programs.

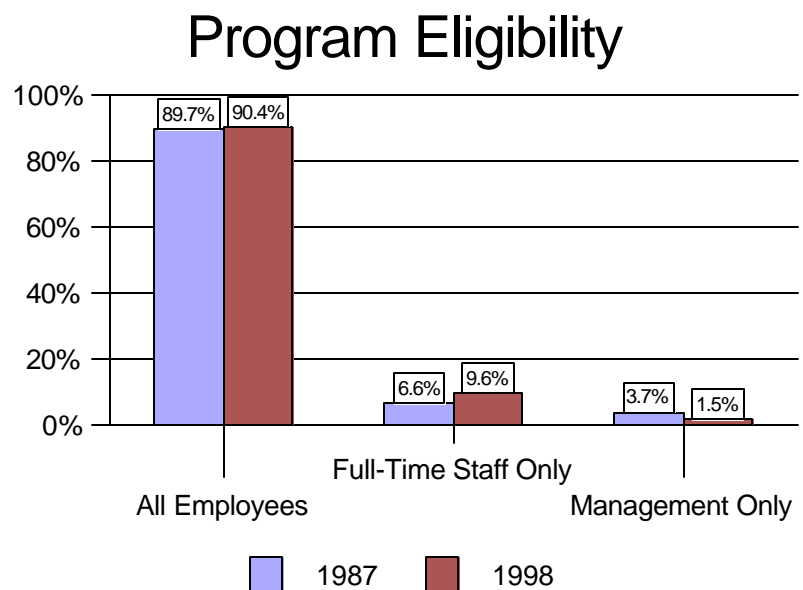
## Question 1. Does your company currently offer health promotion activities to employees?



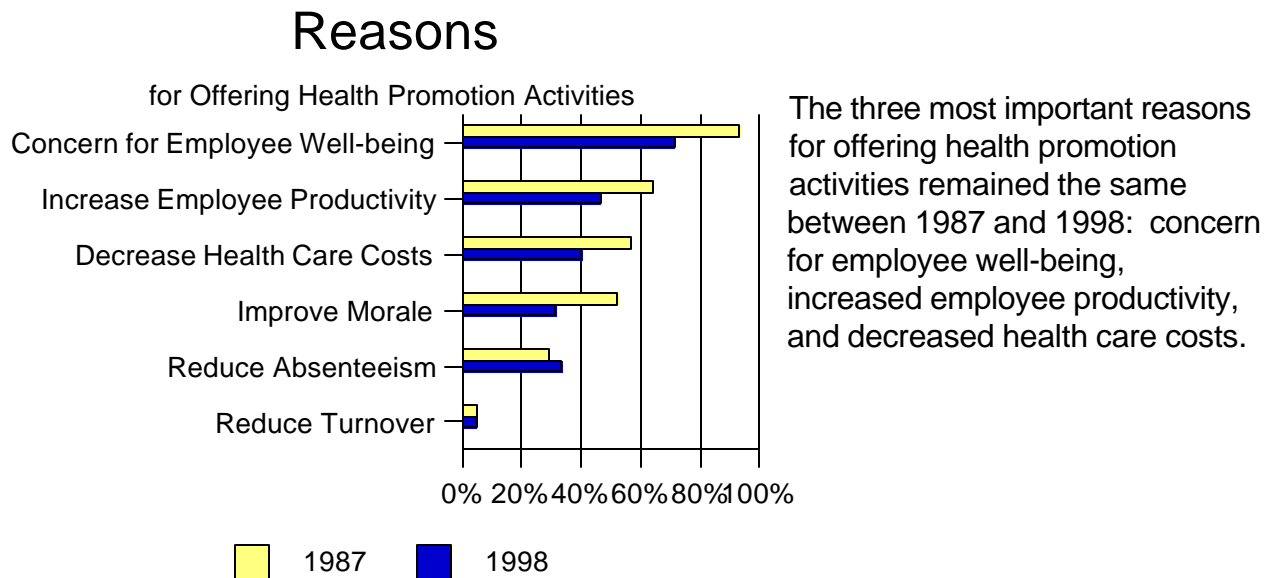
There was a significant increase in the number of companies that offered health promotion activities from 1987 to 1998. ( $P=.001$ )

## Question 8. To whom are your health promotion activities offered (check all that apply)?

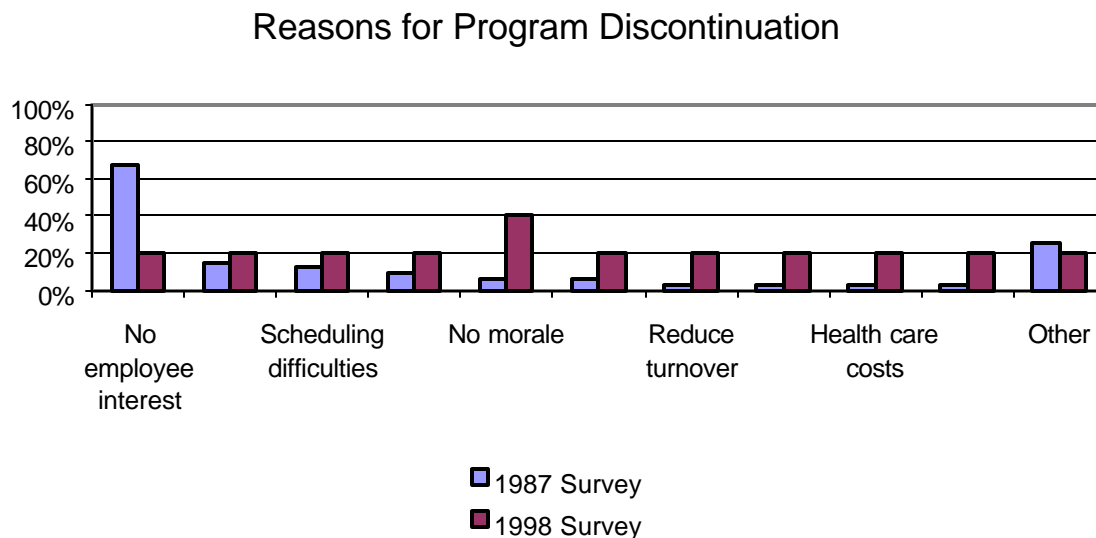
There was no significant change between 1987 and 1998 as to whom health promotion activities were offered. Most employees were considered eligible to participate.



**Question 12. What are the 3 most important reasons why you offer health promotion activities (rank 1, 2, and 3, with 1 being most important)?**



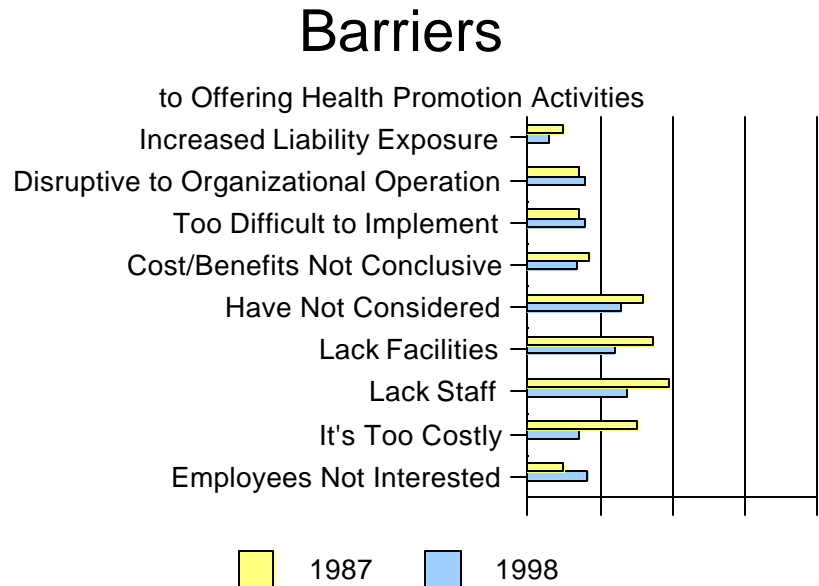
**Question 17. Why did you discontinue the program (check all that apply)?**



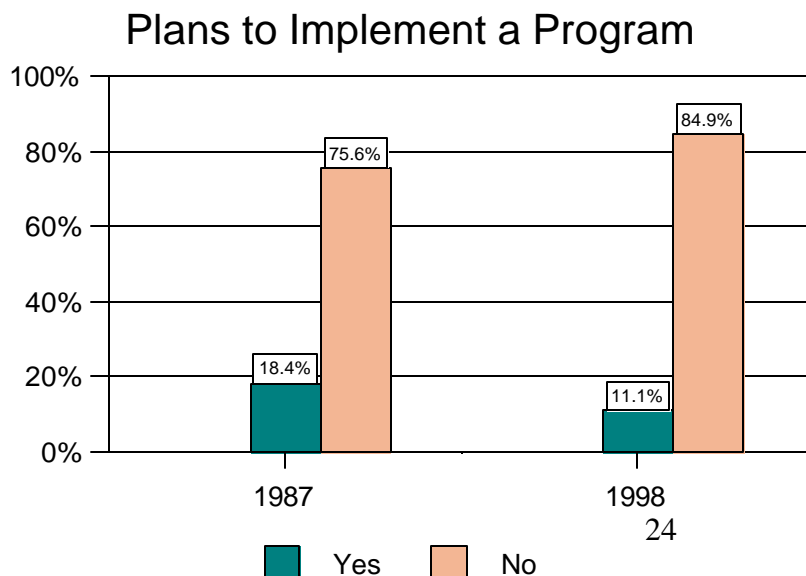
There was a significant decrease in companies that reported “lack of staff” as a reason for discontinuing the program ( $p=.05$ ) and that reported “cost” as a factor ( $p=.001$ ). There was a significant increase in companies that reported they “lack facilities” to provide health promotion activities ( $p=.05$ ) and their “employees are not interested” ( $p=.02$ ).

**Question 18. What are the three most important reasons your company has not offered health promotion activities to your employees? (rank 1, 2, and 3, with 1 being most important)?**

In 1987, the top three barriers to offering health promotion activities were “lack staff to administer program” (48.8%), “lack facilities” (43.3%), and “have not considered” (39.8%). In 1998, the top three barriers were “lack staff to administer” (34.1%), “have not considered” (31.8%), and “lack facilities” (30.1%).



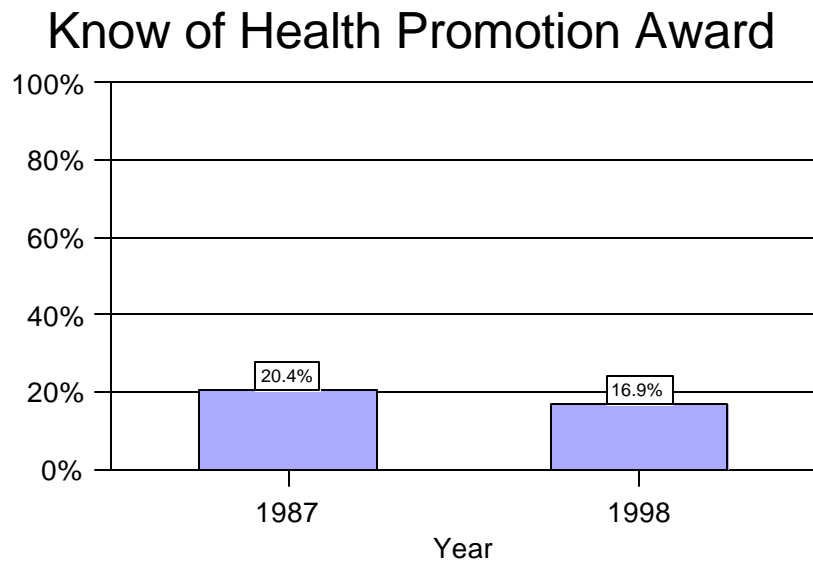
**Question 19. Does your company intend to implement health promotion activities in the future?**



Between 1987 and 1998 there was a significant decrease in the number of companies that intended to implement health promotion programs at some future point. ( $P=.05$ )

**Question 24. Have you heard about the Worksite Health Promotion Award offered by the Utah Governor's Council on Health and Physical Fitness?**

There was no significant change in the number of companies that had heard about the Worksite Health Promotion Award program between 1987 and 1998. ( $P=.05$ )



# Conclusions

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More than half (52%) of the companies surveyed offered some type of health promotion activity to their employees, indicating that health promotion activities are an accepted component of work in Utah. During the last ten years there has been a significant increase in the number of Utah companies that offer health promotion activities.

Among all worksites surveyed, the types of activities offered to employees were numerous and varied; however, it appears that many opportunities exist for expanding the activities offered at individual worksites. The number of activities offered increased with the size of worksites, from four activities at worksites with 50-99 employees to nine activities among companies with 2500+ employees. Such a trend may indicate that larger companies are more accepting of health promotion activities. Larger companies may also offer more activities as they have greater insured personnel, benefits, and health staff. Employers seem to be convinced of the cost-benefit ratio and relative ease of providing flu shots, the most commonly offered activity (77%). However, they may not be aware of the potential outcomes of many other activities, such as medical self-care and health risk appraisals, which were provided at only 7% and 24% of worksites, respectively.

The top reasons employers offer health promotion activities include concern for employee well-being (71%), to increase employee productivity (46%), to decrease health care costs (40%), and to improve morale (31%). These perceived benefits have remained the same during the last decade. Conversely, worksites that do not provide activities cited lack of staff (34%), have not considered (32%), and a lack of facilities (30%) as the reasons why they have not done so. The top three barriers to implementing health promotion programs have also remained the same since 1989, merely switching positions, respectively.

The most common method through which health promotion activities were offered to employees was through information provided on-site, however, various other methods were also used. While many programs were staffed by full-time and part-time staff and contract workers, employee volunteers were used to staff 39% of programs. Student interns were utilized in only 3% of companies. A third of companies pay the full cost of health promotion programs, and one quarter share the cost with employees. The majority of companies make health promotion activities available to all employees (90%); 27% of companies provided services to spouses and 19% involved dependent children. Participation in health promotion activities were reported at various levels. While two-thirds of companies have used outside sources to provide health promotion activities, only 32% have used the expertise and resources of voluntary or nonprofit organizations which are often provided free of charge or at minimal cost. Over



two-thirds (69%) of worksites indicated they do not regularly evaluate the effectiveness of their health promotion activities.

Four percent of companies discontinued programs in the last five years; 40% because health care costs did not decrease and 40% because morale did not increase. With regard to program discontinuation, there was a significant decrease in companies that cited lack of staff and cost as reasons for discontinuing programs, and there was a significant increase in programs citing they lack facilities and employees are not interested as reasons for discontinuing programs.

There was a significant decrease in the number of companies that have plans to implement a health promotion program in the future. There was no significant change in the number of companies that have heard of the Utah State Council on Health and Physical Activity health promotion award. This award recognizes worksites for implementing various levels of programs.

Worksite health promotion objectives listed in Healthy People 2000 provide an opportunity to compare Utah's progress with regard to worksite health promotion to that of the nation. Among companies that offered at least one health promotion activity, Utah fell short of meeting eight objectives, including physical activity and fitness; nutrition education and/or weight management; stress reduction; health promotion activities; seat belt policies; worker health and safety; back care; and high blood pressure and/or cholesterol. Utah exceeded the objective for smoking policies by just over 5%. This is likely due to the Utah Clean Indoor Act that prohibits smoking in all public buildings. Utah also exceeded the target to have alcohol and drug policies by nearly 20%.

# Recommendations

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**Seek assistance to implement activities.** Employers that currently offer health promotion activities should make efforts to maintain and expand their programs. Companies that currently do not offer health promotion activities may contact the state or local health department or the Utah State Council on Health and Physical Activity for assistance in implementing worksite programs. Health department staff can assist or consult in program planning, implementation, and evaluation.

**Increase the number and range of activities offered.** Employers should consider expanding the number and types of activities they offer to their employees. Numerous studies have documented reductions in health care utilization and costs, health risks, and absenteeism as a result of implementing comprehensive health promotion activities and programs.

**Work around barriers.** Worksite that perceive lack of facilities, lack of staff, or cost of program as barriers to establishing health promotion activities should consider alternative methods of providing such services. For instance, methods may be utilized that do not require facility space such as providing self-help materials, mailing a wellness newsletter or other information to employees' homes, or contracting with community programs. As well, many activities, such as medical self-care, do not require intensive staff time or may be implemented by utilizing outside sources. Student interns are a valuable, and as of yet, untapped resource for companies seeking to develop or expand health promotion activities. Interns from local universities may be used to staff worksite programs. Interns are anxious and enthusiastic to gain hands-on work experience and are a low cost staffing alternative. Nonprofit organizations (such as the American Heart Association, American Cancer Society, and March of Dimes) and local health departments often provide services, educational materials, and resources free of charge or for a minimal fee. Sharing program costs with employees is a cost effective method to offer employees health promotion activities. The shared model is believed to result in increased participation, commitment, and effectiveness. A Needs assessment may be used to assess how much employees are willing to pay for various activities.

**Put your employees to work.** Select a cross-section of employees to serve on a wellness committee. Employees are invaluable in spreading the word about health promotion activities and generating enthusiasm and buy-in among their colleagues. Employee volunteers may also assist in staffing health promotion activities.

**Reach out.** Consider offering activities to spouses and dependent children. They contribute largely to health care utilization and absenteeism. In addition, they can provide social support.

**Evaluate the program.** Conducting program evaluation provides valuable information as to the efficacy and effectiveness of various activities that can in turn be used to make changes to strengthen the program. Such evaluation is critical if companies are to meet established program goals. Evaluation data is also needed in order to report the outcomes of the program to management and thus support the viability of the program. Simple evaluation methods include recording and tracking participation rates, conducting pre- and post-tests, and surveying employee satisfaction.

**Cover the bases.** Healthy People 2000 suggests that while health promotion programs may take many forms, they should include the following elements: 1) an understanding and description of the organizational context within which the program operates; 2) identifiable target groups; 3) determination of baseline health or risk measures and a plan to determine program effects; and 4) well-selected and well-defined intervention measures.

**Celebrate successes.** Apply for the USCHPA Worksite Health Promotion Award. Even if you only implement one activity during the year you should receive recognition for your efforts.

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## Selected Studies

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# Appendices

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